

Fifth General Hospital (Harvard University Unit), U. S. Army

ELLIOTT C. CUTLER, '13

At 9:00 A.M. on January 10 the U. S. Army Fifth General Hospital (Harvard University Unit), the successor to Base Hospital No. 5 of 1917-1919, left Boston for an eastern seaboard camp as the first step to active duty in this war. This represents a further contribution of the University to our National Defense.

The former Base Hospital No. 5 was presided over by the late Dr. Harvey Cushing and had an enviable record. Many of its officers rose to positions of importance in the Army. The hospital suffered the first American casualties, when it was bombed the night of September 5, 1917.

Now after a twenty-year interval a new group undertakes a similar effort. For historical purposes the following should be recorded. On November 16, 1939, the Surgeon General of the United States Army wrote Dean Burwell of the Medical School that shortly he would approach the Medical

School with an official request that it organize a regular Army inactive unit, General Hospital No. 5, "thus perpetuating the fine traditions of United States Army Base Hospital No. 5." Similar units were proposed for all medical schools and hospitals which had served in a like capacity in the War of 1914-1918. These units were to have a normal bed capacity of 1,000 and a personnel which would include 42 officers, 120 nurses, and 400 enlisted men. Subsequently the number of officers was raised to 73, including the administrative service.

The office of Unit Director was assigned to the author, and immediately steps were taken to secure the officer personnel, which according to instructions should be limited to members of the parent institution. Members of the teaching force of the Medical School, whether working in the laboratories of the School or attached to one of the affiliated hospitals, were eligible. The heads

KEY TO FRONTISPIECE

FRONT ROW, SITTING: Major Moses S. Strock, Major Carlyle G. Flake, Major Edwin F. Cave, Major Robert Zollinger, Major Augustus Thorndike, Lt. Col. Thomas H. Lanman, Lt. Col. Elliott C. Cutler, Lt. Col. Theodore L. Badger, Major Eugene C. Eppinger, Major Charles D. May, Major J. Evarts Greene, Major Henry N. Pratt, Major Stanley Kimball.

SECOND ROW: 1st Lt. Gerald L. O'Neill, 1st Lt. Maurice Dinnerman, Capt. Harry Stone, Capt. Stanley O. Hoerr, Major Dale G. Friend, Major J. E. Dunphy, Major John B. Hazard, Major John H. Harrison, Major Magnus I. Smedal, Major Harold F. Corson, Major Harold D. Levine, Major George F. Wilkins, Capt. Donald P. Ham, Capt. Charles P. Sheldon, Capt. Fiorindo A. Simeone, 1st Lt. Ralph C. Moore.

THIRD ROW: Capt. Thomas W. Botsford, Capt. John J. Kneisel, Capt. Thomas B. Quigley, Capt. Richard Warren, 1st Lt. Robert R. White, Capt. Joseph H. Bragdon, 1st Lt. Robert G. Snow, Capt. Thomas Cavanaugh, Capt. Richard V. Ebert, Capt. Jack D. Myers, 1st Lt. Sibley W. Hoobler, Capt. Charles P. Emerson, Capt. Joseph R. Frothingham, Capt. Carey M. Peters, Capt. George Sullivan, Capt. Dean W. Tanner.

BACK ROW: Capt. John L. Newell, 1st Lt. Charles L. Dimmler, Jr., 1st Lt. Chilton Crane, 1st Lt. Richard Ford, 1st Lt. Frederick P. Ross, Capt. Henry J. Carney, Capt. Lee G. Kendall, Capt. Paul Kunkel, Capt. Gordon A. Saunders, 1st Lt. Henry H. Brewster, 1st Lt. Samuel P. Asper, Capt. Arthur Baldwin, 1st Lt. Joseph H. Burchenal, Capt. Roy L. Swank.

1st Lt. Maxwell Perinan was absent.

of all departments in the School were consulted as to what men in their department either cared to join or, in the opinion of the head of the department, should not join because of essential duties here. A definite attempt was made to spread the personnel as widely as possible. Because of the ramifications of the University, we were able to call upon individuals from all the major Boston hospitals as well as from the Hygiene Department in Cambridge. Thomas H. Lanman, '16, Assistant Professor of Surgery, and Theodore L. Badger, '26, Instructor in Medicine were early selected as the respective chiefs of the Surgical and Medical Divisions. Their continued labors and unflagging interest have greatly facilitated the formation of the present Unit.

On December 24, 1941, a telephone call from the Surgeon General's office warned the Unit that it would have only a few days to prepare for active duty. Immediately final physical examinations, the purchase of equipment, and the addition of the nurses and new officers was undertaken. The necessary prophylactic inoculations were started. Boston stores were called on to supply uniforms, the style, quantity, and types of these being added to each day. A hurried trip to Washington by the Acting Director expedited these matters.

Generous friends donated money for a Fifth General Hospital Fund, similar to that possessed by the hospital in the last war. With these funds assistance has already been given in many ways to officers and nurses. Further donations will be accepted by the writer to forward to the Commanding Officer. Here is another labor for the "home front" which will greatly increase the efficiency of the "military front." The Boston Metropolitan Chapter of the American Red Cross donated sleeping bags to all nurses going with the Unit.

At 5:00 P.M. on January 9, members of the former Base Hospital No. 5 who had formed themselves into Harvard Base "5" Club presented colors to their successor Unit, the new Fifth General Hospital, which has now gone on active duty. The

colors were presented by Dr. Lewis M. Hurxthal of the former Unit to Lt. Col. Theodore L. Badger, Chief of the Medical Service of the new Unit. The ceremony was attended by the following members of Base Hospital No. 5 of 1917-1919 and many friends: Walter J. Irving, William F. Whitley, Montgomery C. Reed, Kenneth J. Crowell, Joseph J. Wilson, Dr. Lewis M. Hurxthal, Harold J. Davidson, and Dr. Elliott C. Cutler.

Dr. Hurxthal's speech of presentation follows: "Twenty-five years ago, United States Army Base Hospital No. 5 of World War I was organized. The Unit embarked in May, 1917, and took over active hospital work in June, 1917, in France. Under the direction of Colonel Robert W. Patterson and Colonel Harvey Cushing, Base Hospital No. 5 performed an outstanding service to the wounded and sick in France and contributed much to military medicine. Two of the outstanding contributions were in the field of brain surgery and in the introduction of blood-grouping to the British Army. Many lives were saved because of these contributions.

The members of former Base Hospital No. 5, officers, nurses, and enlisted men, are proud of their war record of two years' service in France. They are also proud that a new Unit will carry on under the same name, and are confident that it will return with the same enviable record as its predecessor.

Harvard Base "5" Club is an organization founded in 1929 by former members of the United States Base Hospital No. 5. In behalf of all the members of the Unit, Harvard Base "5" Club wishes to contribute a connecting link between the old and the new. The two groups have many things in common: both were organized in Boston; both were composed of volunteers; and both were called to duty within a few weeks after the declaration of war. We have, therefore, chosen as a bond of continuity The American Flag. We hope this particular flag will serve as the official colors of the new organization as well as an in-

spiration for a meritorious performance of duty. We wish you success and "bon voyage."

The orders for the Unit activated forty-seven officers, leaving eleven behind whose papers had not been completed to wait for subsequent orders to join the Unit. These orders came shortly and on January 17, the second group left to join the Unit.

Forty-four nurses left with that Unit representing the following hospitals: Arlington Training School, Beth Israel Hospital, Children's Hospital, Homeopathic Hospital of Rhode Island, Massachusetts General Hospital, McLean Hospital, New England Baptist Hospital, New England Deaconness Hospital, Peter Bent Brigham Hospital, Robert Breck Brigham Hospital and Sturdy Memorial Hospital.

At the last minute the Acting Director was refused permission by the Surgeon General to leave with the Unit because of the urgent request of the University that his duties were essential here for the moment.

We who remain behind must look with pride and gratitude on these men and women who have now accepted the call to serve their country. We know of their great abilities and feel sure that they will fulfill adequately the high traditions of their predecessors and will play a major role in the United States Army Medical Corps from now until they return to us. To their families we extend our congratulations and our devotion. The University will long cherish this effort on the part of its graduates.

A Message from England: Dr. Poynton's Gift to the Harvard Medical Library

FREDERIC T. LEWIS, '01



Dr. F. John Poynton, on the steps of University College Hospital, after his last clinical round, July, 1934.

In the summer of 1932, Dr. F. John Poynton, Physician in charge of the Children's Ward, University College Hospital, London, sent to the Harvard Medical School a copy of his "Researches on Rheumatism," as "a small gift to a famous University." In a single substantial volume, Drs. Poynton and Paine had summarized the results of their fifteen years of investigation, whereby the relation of acute rheumatism to malignant endocarditis was established; comparable lesions were produced experimentally in rabbits; and identification of the causative organism was attempted.¹ At the same time Dr. Poynton deposited in the Harvard Medical Library

120 photographs and original drawings, in wash and water color, many of them of great delicacy, which are the original records of his observations. Explanatory notes are engrossed opposite every picture, and all are handsomely bound in three red morocco quarto volumes. The actual preparations from which the drawings were made were given to the Museum of the Royal College of Surgeons, and in regard to them Dr. A. J. E. Cave, Conservator, reported to Dr. Poynton, last July, as follows:—

"Your speculation as to the fate of the famous Poynton and Paine specimens proved only too correct. They perished with many others of our treasures in the general destruction—one of the saddest and most deplorable features of the barbarians' handiwork."

In 1932, Dr. Poynton recorded three chief reasons for venturing to send his records to Harvard University: "(1) the renewal of an old friendship of the family with Harvard 150 years ago; (2) the kindly recognition of our work in America, which, by taking it at its face value, has enabled our investigations to take a part in the first organized effort for the prevention and supervision of heart disease. How far such measures as these will revolutionize the future for children with heart disease none can yet foresee; (3) the desire, by however slight a link, to bind together more firmly an English-American friendship."

The family friendship of 150 years ago, to which Dr. Poynton referred, was between his great-great-grandfather, Archdeacon Blackburne, Rector of Richmond, in Yorkshire, and Thomas Hollis (1720-1774) of Lincoln's Inn, London,—Harvard's bounteous benefactor. The Archdeacon wrote the Hollis "Memoirs", perhaps because of services rendered, in two

¹Poynton, F. J. and Paine, Alexander. *Researches on Rheumatism*. J. & A. Churchill, London, 1913. 8vo XI+461 pp. With frontispiece in colour and 106 illustrations.

large quarto, privately printed volumes, which abound in Harvard interest. "They had some fine illustrations but were dull," Dr. Poynton remarks (indeed they contain no records of revelry or deviltry); and with his "Researches" he presented to the Medical School, nine years ago, the family copy of these Memoirs, autographed by the successive generations.

Archdeacon Blackburne was connected by marriage with the Rev. Theophilus Lindsay, and both were friends of the great scientist, Dr. Joseph Priestley, who, when his laboratory was wrecked in Birmingham, took refuge with Lindsay in London before leaving for Northumberland, Pennsylvania. They formed an historic "Low Church" group whose "controversial abilities were no doubt good." At the Gravel Pit meeting on April 19, 1793, Dr. Priestley referred to the British war with France, when he said:—

"The flames of war are extending themselves, in a manner unknown in any period of our times, and threatening us with calamities altogether new. . . . I sincerely pray that this war may terminate in the firmer establishment of the liberties and happiness of this country, and of every other country in Europe; and whether it be victory or defeat that will most conduce to this end, I sincerely wish and pray for it."

Dr. Poynton now lives in Somerset, not far from the rectory in the tiny country village of Kelston, where he was born. Biographically, in an Osler Club paper,² he has remarked:—

"Kelston Rectory provides one of the most curious coincidences in the history of medicine; Dr. Francis Hawkins and I were both sons of rectors of Kelston; he was one of some ten children, and I the centre of eleven. He had a distinguished brother who was Provost of Oriel, and I have a brother, Bursar and Tutor of University College, Oxford, and until last year the

Public Orator. Both he and I were Censors of the College of Physicians and both wrote on rheumatism and heart disease."

Dr. Francis Hawkins was Physician to the household of King William IV and Queen Victoria. His grandfather, Sir Caesar Hawkins, Surgeon to King George II and III, purchased his Kelston property from the Haringtons, which affords Dr. Poynton the opportunity of telling the diverting story of Sir John—the "Boye Jacke"—in the Osler Club paper above mentioned.

"His mature life was spent in twofold fashion: in haunting the court of Queen Elizabeth and to a lesser extent that of King James I, and in fleeing for his life from the Court to his 'oves and boves' at Kelston to join his wife, 'sweet Mall'."

Dr. Poynton's last letter to the Harvard Medical Library, dated July 16, 1941, describes the present situation:—

"Here, not far from Bristol, we have had between 400-450 air alarms, and bombs, land mines, etc., on our little villages all around. In one's seventy-third year one hardly expects to have bombs in fields adjacent, and your house rocking, and relations blown to bits; but what is, is; and maybe before this letter reaches you I may be making an upward tour in fragments. A strange sight to see our merry little children, each carrying a gas mask! You would wonder what the word 'civilization' means."

But as he recalls his reference nine years ago to a "slender thread" witnessing a true love between two great nations, he affirms that the thread has now become "a mighty cable of loving kindness to our Country, strengthened by strands of steel." "Whether the 'Great New World' will eliminate jealousy, greed and selfishness which have existed for thousands of years, I do not know. I only know the world is very old, and old people change but slowly; so I imagine does this old world of ours."

²Poynton, F. J. Kelston: a Village in Somerset. St. Bartholomew's Hosp. Journ., 1933, vol. 40, p. 63-69.

Some Public Health Problems in the Present Emergency *

WARREN F. DRAPER, '10

Mr. Chairman, members of the Colloquium: It may be of interest to you if I mention some of the activities in the field of public health that are engaging our time and attention in connection with the defense program—the problems that we are dealing with all the time and that are uppermost in our minds.

As you probably know the responsibility for the health and physical well-being of the men in the army devolves upon the military personnel. They have charge of everything that pertains to life within the military reservations. But there is a great field of work outside of these encampments. In fact, we designate the areas adjacent to the camps as extra-cantonment areas. It devolves upon the public health authorities throughout the country, federal, state, and local, to meet the problems arising there.

Now let me give you a picture of just what the situation is. Some of the large army concentrations are developed near large cities, large centers of population. The problems arising in such locations may not be so serious because the facilities of the city can often be rather well extended to cover the necessities of the camp. But there are a great many areas where camps have developed in the vicinity of small towns and small cities with populations of only 1,200, 2,000, or perhaps 15,000. When a camp has been suddenly established in an area where only 2,000 to 15,000 people have been living before, it can be imagined that the problems are not inconsiderable.

In the first place, about half as many people come to the area outside of the camp as come to the camp itself, which means a very rapid increase in population. The first problem that is encountered is housing, which is huge. Once a camp is established, or the decision has been reached to establish

it, the first people who arrive are those who have to do with the construction of the camp itself. They come in by the hundreds and thousands and the facilities to take care of them are very inadequate. The contractors do attempt to put up some shacks and shelters, but a great many are without any place at all to live. There arise haphazard areas of trailers, tents, and hastily constructed shelters. The houses available for boarders and roomers are overcrowded. I have been through this stage and found myself sleeping under an apple tree in an open lot. The problem of housing is the first one to be met. It is being met, but in meeting it the sanitary and public health complexities are many.

The next problem is that of water supply. An adequate water supply, pure and properly protected, is absolutely necessary, not only for the protection of the soldiers in the camp, but for the civilian population outside. The local water supply may be overtaxed, the purification methods not up to standard, the checks not adequate, and the public health authorities have to be sure that all necessary measures to insure a safe public water supply are taken.

There is almost immediately a demand for more and more milk. The areas of milk production around these concentrations have to be tapped and adequate means for insuring safe milk must be provided. The army can take care of the problem of its own milk, often by shipping in supplies from a considerable distance. The civilian population has to get its milk wherever it can and it is up to the public health officials to see that it is safe.

The question of sewage disposal is of next importance. It is necessary that it be adequate. Improvements and extensions of the existing facilities must be made, and in many areas where there is nothing to start with entirely new systems must be established.

* Transcript of a talk given at the Colloquium, Harvard Medical School, October 22, 1941.

Around such areas there is an overcrowding of the food establishments that are already in operation, and a great many new and hastily constructed places ranging from hot dog stands to restaurants must be inspected to see that they are properly equipped and maintained. It is necessary to see that the people who handle the food are not diseased and that the food is stored and handled properly. A great deal of frequent and careful inspection is required as soldiers and civilian workers have to rely on the public health authorities for the safety of the food they obtain in these places.

The problem of communicable diseases is a big one. In the South the problem of malaria has been an extremely serious one. In states like Mississippi, Arkansas, and Louisiana, where malaria is endemic, more or less adequate measures have been carried out. Through ditching and oiling operations the breeding of mosquitoes has been kept down and the troops protected against this disease. That is an extremely important and often difficult problem.

Then there is the great and important problem of the venereal diseases. Wherever there are large concentrations of young, active men, one invariably meets the problem of venereal diseases. This is being approached in several ways. Adequate clinical facilities for the treatment of cases among the civilian population must be established. Where you have a city of 17,000 and the population suddenly grows to 40,000 or 50,000 civilians you can appreciate the enormous expansion of the health and clinical facilities and the necessity for cooperation on the part of the practicing physicians.

Picture a town of 17,000 people suddenly expanded to twice its normal size. The police force and the sheriff's office have not expanded to take care of the increase in population. Of course, those persons concerned with the very profitable business of prostitution become very active. There is a great increase in the number of taxicabs, many of which are devoted to the transportation of would be patrons to the sources of supply. The taxicabs themselves

afford opportunities for immoral conduct. They convey men to the cabins, tents and structures on the outside of the town. A number of tents are sometimes set up in one woods one day, and at another location the next, so that they are difficult to apprehend. There is usually a very efficient underground method of communication which enables taxicab drivers to know pretty well where the source of supply is. There are restaurants whose waitresses wait only between times. Certain places may have 18 waitresses when only five or six are necessary.

Why can such a situation prevail at the present time? The law enforcement departments in the local communities have not kept pace with the needs. Last July the May Act was enacted. It provides means whereby prostitution becomes a federal offense within such reasonable distance of military or naval establishments as the Secretary of War or the Secretary of the Navy shall determine to be needful to the efficiency, health and welfare of the Army or the Navy. Every effort is being made to bring local people up to the proper standard of law enforcement before this federal law is invoked. It is not desirable for the federal government to go in and enforce federal laws in local communities unless the necessity arises. In some areas, at any rate, for a certain length of time federal law enforcement is inevitable. In such areas there may be anywhere from 500 to 2,000 persons of immoral character within the city limits. There may be 4,000 to 6,000 persons of that type in the surrounding country. It is an extremely complex problem in those areas where there are large numbers of women on low wage scales who have not had the opportunity for education and moral teaching and the like. The ready profit from immoral practices has a great appeal. Not only is law enforcement and careful regulation necessary from the standpoint of venereal disease in the camp, but it is necessary for the protection and welfare of the civilian population.

You may be interested to know that in

the examination of the first 1,000,000 selectees, 48,000 showed positive blood tests for syphilis. Of that 48,000, 1,440 or 3% had clinical syphilis in the communicable stage. The incidence is much higher in the South than in the North. Massachusetts is one of the two states tying for low place. The poorer and more ignorant the population the higher the incidence of syphilis. The rate in the South is particularly high in the colored population.

There is one other phase of prostitution which should be mentioned. How can we get rid of the prostitute? Many of these people have no regular work to which they can turn and no other way of making a living. That is the reason they fall into evil ways. There is one unit of the government that is interested in the rehabilitation of the prostitute. They find these people, endeavor to bring out the good in them, and in various ways try to fit them for, and get them into positions and work where they can maintain their self respect. But that is a long and difficult process. The abolishment of the individual prostitute is not the entire answer to the problem. The police may pick up eight or ten at a time, send them to a detention farm, and keep them for whatever time is necessary, but almost the next day the supply is renewed. It seems to be inexhaustable. We are convinced that the only solution of the problem is to apprehend the agencies who employ the taxicab drivers, to apprehend the people who are responsible for the rental of houses for immoral purposes, and who distribute the information, to get the people higher up and make it impossible and unprofitable for them to pursue this line of work. It is not enough to go out to the fringes and arrest the women.

I have indicated what some of the problems are and how they are being met. They were pressed upon the public health and law enforcement agencies rather rapidly. Since state and local authorities are unable to get all the trained persons and to supply all the facilities they need to enable them to meet these suddenly expanded

needs, the Federal Government is called upon to supplement their facilities and personnel. At the present time the Public Health Service is searching everywhere to find physicians, sanitary engineers, and other types of public health personnel. They are commissioned in the Reserve and brought to Washington where they are given a six weeks orientation course in the problems to be found in extra-cantonment areas, and some of the principles of public health practice. This is only an elementary course. They are then sent to areas around the camps and to industrial areas where they work with the state and local authorities. A great many catch on to the work very quickly. Those who have an aptitude for this kind of work are having a wonderful time. Several hundred people have been routed into emergency health and sanitation work and are performing valuable service.

I have not had an opportunity to mention the necessity for the protection of workers in industries. That is just as important as the protection of the men in the camps. Industrial physicians have to be employed but we cannot meet all the problems of industrial hygiene simply by activity within the plant. The health of the workers and their families outside the plant has to be protected.

A word should be said about the rehabilitation program. This is not as yet completely organized. Among the first two million men of draft age, some 900,000 were found to be unfit for military service, about 43% were rejected because of physical deficiencies and the balance because of mental deficiencies, and a few because they could not read or write. It has occurred to some of us that it may be possible to take 200,000 of those men who have correctable defects and who have venereal diseases, give them rather quick rehabilitation and make them fit for military service. This would also be of advantage as a general public health measure to show the population how easy it is to cure certain diseased conditions to correct a considerable variety of physical disabilities.

The Washingtonian Hospital

GEORGE CHEEVER SHATTUCK, '05

THE WASHINGTONIAN HOSPITAL OF TODAY

The Washingtonian Hospital is well worth a visit, not only by physicians practicing in Boston or vicinity, but also by laymen interested in human welfare. For 84 years, from 1857 to 1941, it has continued to serve the public in a unique manner. Originally organized and supported by leaders of the community, it passed subsequently through a period of neglect. Fortunately, during the last few years, the hospital has been emerging under new and able direction. It is now offering necessary services to the community, but these cannot be long continued unless the hospital is more fully utilized and more liberally endowed.

Remember this! The Washingtonian Hospital is the only one of its kind which is located in or near Boston. It is concerned exclusively with the treatment of alcoholics, with the solution of the serious family problems which are created by alcoholism, and with research in its chosen field.

The rates are very moderate and they are scaled down for persons who are unable to pay in full. Thus, the Washingtonian Hospital is a private institution which performs a public function of prime importance.

Physicians and the lay public can rest assured that, under present management, the hospital merits their support. When this fact has become generally known, the beds will be fully utilized.

The Board of Directors has been strengthened, to the Consulting Staff has been added an impressive number of outstanding physicians and surgeons, and the Visiting and the Executive Staffs have been so enlarged that it is now possible to conduct the work along modern lines and to provide certain important services for which patients were lacking until recently.

Methods of treatment are based upon scientific knowledge of alcoholism. Recognizing that alcoholism is a disease, the Staff

desires to increase the usefulness of the hospital by developing an expanded program of scientific research. Unfortunately, funds for this purpose are extremely limited as yet.

Among the new undertakings of the hospital are renovation of equipment, alteration of the building, institution of a clinical laboratory, opening of an out-patient department which concerns itself with vocational guidance and with other essential services for ex-patients, development of recreational programs, provision of psychiatric studies which point the way toward rehabilitation of individuals, employment of a social worker who advises the family of the patient, instruction in occupational therapy, and the provision of facilities for physical exercise.

The hospital looks forward to being able to provide prolonged treatment for intractable chronic cases upon a farm in the country. The tree-shaped yard at the present location is being used to great advantage for exercise and games.

To defray the cost of the improvements and to provide treatment at its present high standard of excellence, the Directors have been obliged to draw upon capital. This method of financing cannot long continue.

Any physician in active medical practice who appreciates what the Washingtonian Hospital has to offer, will believe that its loss would be a public calamity.

HISTORY OF THE WASHINGTONIAN HOSPITAL

MERRILL MOORE, M.D.

Director of Research

The Washingtonian Hospital, the oldest institution of its kind in the country, was an outgrowth of the Washingtonian movement. This was originally a religious movement for total abstinence from alcoholic beverages, which had its beginning in Baltimore in 1840. On the evening of April 2nd

of that year, six men who were accustomed to meet nightly in Chase's Tavern, Liberty Street, to drink and talk, decided to go to hear a Baptist clergyman who was preaching in the city at the time. So impressed were they that they signed a pledge "not to drink any spiritous or malt liquors, wine or cider" and formed themselves into a total abstinence society, to which they gave the name the Washingtonian Temperance Society. From these beginnings the Washingtonian Movement spread throughout the country.

In August 1857 a number of gentlemen hired a suite of rooms on the corner of Fulton and Richmond Street in Boston for the temporary accommodation of inebriates and called it the "Home for the Fallen." Two months after this, November 5, 1857, at a meeting in Faneuil Hall, the "Home for the Fallen" was duly organized. This was the first Washingtonian Hospital. Joseph Story was chosen president; there were three vice-presidents, a treasurer, a secretary, and thirty directors, five of whom formed the Executive Committee. On February 1, 1858 the "Home" moved to 1 Franklin Place and at this time Dr. Albert Day was appointed superintendent.

In September 1858, the "Home" moved again, this time to 36 Charles Street and on March 26, 1859 an act was passed to incorporate the institution in the name of the Washingtonian Home. Although its location changed several times in succeeding years, the "Home" retained that name until February 7, 1939, when it was altered to the Washingtonian Hospital. The present building at 41 Waltham Street was erected in 1873.

Treatment in the early days was mainly moralistic and religious. In the report of May 1st, 1858 of the "Home for the Fallen" the statement is made: "Little else is found to be necessary for the treatment of inmates other than moral suasion, a sympathetic assurance of equality, confidence and brotherly love." Gradually, however, the conception of alcoholism as a disease, to be treated medically and scien-

tifically, grew up. Much of the credit for this broadened viewpoint should go to the first superintendent, Dr. Albert Day, a man of comprehensive intelligence and forward-looking vision.

Reorganization of the Hospital

In 1938 the hospital staff was increased to include a Resident Physician and a board of consulting psychiatrists: Drs. Leo Alexander, Wilfred Bloomberg, Robert Fleming, Abraham Myerson and Merrill Moore.



WASHINGTONIAN HOSPITAL
41 Waltham St., Boston

An application was made to the Community Federation of Boston for addition of the hospital to the list of beneficiaries of the Community Fund. During the preceding years, however, there had been a steady decline in the reputation of the hospital until it had become known as a "flop-house for drunks in the South End" and reputable physicians were no longer willing to send their alcoholic patients there for treatment. A survey of the hospital by the Boston

Council of Social Agencies resulted in an unfavorable report being returned. The Directors, however, under the leadership of Dr. Hilbert F. Day, determined to bring up the standard of the hospital so that it would qualify. A committee was appointed composed of Dr. Hilbert F. Day, and Messrs. Amos R. Little, Walter M. Pratt and Ethelbert V. Grabill to carry out plans which would include adding to the Board of Directors a distinguished psychiatrist; appointment of a board of Consulting Physicians; appointment of a Social Worker; certain changes in the hospital building; establishment of a laboratory; and consideration of fees for patients.

The Present Institution

At the present time the Washingtonian Hospital is gradually regaining its former prestige and establishing itself as an institution for the scientific treatment of alcoholism and research into its causes and prevention. Its Visiting Staff has been enlarged to include thirteen eminent Boston physicians; on its Consulting Staff are a psychiatrist, two internists, two surgeons, a dermatologist, a pathologist, a neurosurgeon, an ophthalmologist, a psychologist, and a clinical pathologist; a board of eleven Directors; and a Corporation of fifty members. A free evening clinic has been established for the care of out-patients who can not afford the fee of a private physician or who are employed during the day and can seek treatment only in the evening.

Treatment consists of (1) immediate withdrawal of all alcohol; (2) the use of sedative and analgesic drugs, forced fluids, and wholesome food; (3) the addition of vitamins to the diet if necessary; (4) rest and sleep; (5) psychotherapy where applicable; and (6) drug therapy in cases which, for external or internal reasons, are not suitable for psychotherapy. After a period

of about ten days the patient is given working parole. This permits him to engage in gainful employment during the day but to return to the protection of the hospital evenings and week-ends. Thus he is prevented from being too suddenly removed from the protective custody of the hospital and enabled to adjust gradually to the temptation to drink afforded by his free hours. After three or four weeks he is allowed to return to his home evenings and for another period he returns to the hospital only on week ends.

Needs of the Hospital: The greatest needs of the hospital are, *first*, an endowment which will enable it to carry on scientific treatment and properly equip a laboratory for research. At present the hospital is eating rapidly into its capital and it can not exist, much less progress, unless means of endowment are found.

Second, it needs the means to employ an occupational therapist who could keep the patients occupied and happy while in the hospital and give them manual hobbies which will be an emotional outlet and keep them busy after leaving the hospital.

Third, a farm where long-term treatment can be carried out. Such farms are already being run by Dr. Charles Durfee in Wakefield, Rhode Island, and Mr. Wayne Sarcka at Cuttingsville, Vermont, and the State has under its jurisdiction the farm at Bridgewater. At the latter institution, however, there is no really adequate psychiatric treatment. At present, the Washingtonian Hospital can only treat patients for a week or two and then turn them back to their homes, to become again a liability to the community. Such a farm would permit the patients to rehabilitate themselves under medical guidance and through psychotherapy find themselves and adjust socially.

ASSOCIATION OFFICERS

Warren F. Draper, *President*
 Reginald Fitz, *Vice-president*
 Clark W. Heath, *Secretary*
 Marshall K. Bartlett, *Treasurer*

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Clark W. Heath

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 Room 108, Harvard Medical School
 Boston, Mass.

TREASURER'S APPEAL

Within the next few weeks a letter will be sent to each member of the Harvard Medical Alumni Association requesting contributions for the support of the steadily expanding activities of the Association. A brief summary of these activities in the past year is given in the letter and will not be repeated here.

Last year a total of \$3711.67 was contributed. This showed a gratifying increase of \$1019.80 over the preceding year. The sum was contributed by 965 men, or only 20 per cent of our membership. One-third of the total was given in amounts of one, two and three dollars.

The activities of the Association are increasing each year, limited only by our income. If each member would make a small contribution, our financial position could be greatly strengthened without undue burden on any individual.

MARSHALL K. BARTLETT,
Treasurer

MEDICAL SCHOOL NOTES

The largest meeting of the Medical School Faculty in history was held recently and voted a twelve months' basis of teach-

ing and a three years' medical school course. As a war-emergency measure this will go into effect on July 1, 1942. That is, the new first year class will start work on July 1, and will begin its second year work on April 1, 1943. The completion of the course for second, third, and fourth year students will be accelerated correspondingly. The plan has been announced jointly with the Boston University School of Medicine, the Tufts College Medical School and the Harvard School of Dental Medicine. "There is urgent and immediate need," according to a joint statement of these schools, "for a continuous supply of a large number of well-trained doctors to parallel the expanding growths in enlistments in the Army and Navy. Long summer vacations in the past have allowed students of medicine and dentistry to enlarge their education by voluntary work and to earn money by which to continue their education. In a time of national emergency, when young men are pleading eagerly to be of use to the Country, it is difficult to justify long periods of freedom from any routine task. It is natural that Medicine should participate in the general acceleration of education which now seems so desirable in order that young men who are being trained to serve in these professions may prepare themselves for this important duty without loss of time."

However valuable to the war effort this system will be, it is not recommended as a permanent plan of medical education. Probably it will accomplish its purposes and provide young doctors nearly as well educated as in peace time, as a result of the increased effort of both teachers and students. We will be wise to continue with our opinion, however, that a student on completion of his medical education should be an educated man as well as a technically skilled man. To accomplish this purpose, he should be granted enough leisure to mature in social and cultural as well as in medical ways.

A financial problem is created by the new plan. About forty per cent of the students

depend to some extent on their summer earnings. A medical student can bring back to school with him about \$200 from his work during the summer vacation. A liberal number of \$200 scholarships for the coming summer would relieve many students of an unexpected hardship.

* * *

Medical problems involved in combat flying were among the many defense tasks undertaken by the Harvard School of Public Health during the past year, Dean Cecil K. Drinker says in his annual report. Many of the requests for service during the year were made so abruptly that there was little possibility for preparation and the Faculty of the School had to act immediately.

In aiding research on the problems involved in high flying under combat conditions the Department of Physiology employed the School's low pressure chamber and the general equipment made possible by the Miriam Smith Rand bequest, "with little delay and the possibility of rendering important service." Of the School's defense contributions, Dean Drinker writes:

"Such requests as those which have been outlined are what one would expect of a School of Public Health in an emergency such as now engages the country. To these rather natural duties of the Faculty, wholly unexpected tasks were added. The enormous expansion of the Navy and the Army as employers of civilian labor required the immediate training of groups of industrial hygienists.

"A special three-months' course in Industrial Hygiene was organized under the direction of Professor Philip Drinker, primarily for medical officers of the Army and Navy, but open also to qualified physicians and engineers. This course was first given during May, June, and July, 1941, and is being repeated during the first three months of the present academic year, with the prospect of further repetition during the second half-year.

"In addition to the actual teaching of these men, members of the Department of Industrial Hygiene were constantly busy with consulting work from the Navy and

from the Army as problems arose in navy yards and arsenals. The services of the Department in this direction are apparently certain to continue during the current year."

In his annual report to the Board of Overseers, President Conant declares this year that "one of the first departments of the University to play a leading role in the present war has been the School of Public Health." This part has included an impressive list of achievements beginning with the Harvard Public Health Unit, headed by Dr. John E. Gordon, Charles Wilder Professor of Preventive Medicine and Epidemiology. Later, members of the Faculty joined the Medical School in sending an expedition to Halifax to investigate and advise on the control of serious epidemic disease at that important port. (See BULLETIN for April, 1941). Other members of the staff helped with problems of infectious disease control among nearby troops or in naval stations. Dr. Harold C. Stuart joined the International Health Division of the Rockefeller Foundation to appraise nutritional conditions among the children of France.

* * *

Early in this year the main phases of the work in cancer treatment and research now being carried on by the Collis P. Huntington Memorial Hospital will be transferred to the Massachusetts General Hospital. The step is being taken not only because of the increasing expense of running a variety of medical services in a small hospital but also because of the feeling that the care and treatment of medical specialties can be more efficiently handled in a large institution of general scope. Joseph C. Aub will continue to carry on his research activities at the Massachusetts General Hospital in connection with the tumor clinic at that hospital. The balance of the varied research work of the Harvard Cancer Commission will be continued in cooperation with the Medical School. Plans for the future use of the Huntington Hospital Building have not yet been announced.

Another small hospital, the Vincent Me-

morial Hospital, has merged its resources with those of the Massachusetts General Hospital. Dr. Joe V. Meigs will head the gynecological research and treatment activities of this unit within the Massachusetts General Hospital.

REUNION OF CLASS OF 1926

A reunion banquet of the class of 1926 was held in Boston on November 6, 1941 at the time of the annual meeting of The American College of Surgeons. Thirty-two members were present. Kenneth Malory, President of the class, presided. Dr. Derek Denny-Brown, Professor of Neurology at the Boston City Hospital, was guest of honor. He reported some of his experiences in London and told of the neurological effects (or lack of effects) of blast concussion and cerebral injuries from bombing.

Henry Gallup, class Secretary, gave some class figures based upon 57 replies to questionnaires. 50 men are married, two are divorced, and three are single. The average number of children per family is two and two-fifths. 44 men are in practice, seven are in research and teaching work entirely, two are institutional superintendents, three are in full-time public health work, and one is in insurance medicine. 12 men limit their practice to internal medicine, six to surgery, seven to general practice and the rest are divided widely among the different specialties. In the teaching of medicine, one man is full professor, one acting professor and 13 are associate or assistant professors. The average gross yearly income is \$7,279.

KENNETH D. BLACKFAN 1883-1941

Memorial on the death of Kenneth D. Blackfan spread on the Records of the Faculty of Medicine, January 7, 1942.

Kenneth Blackfan began his career in medicine in the year 1905 as a country doctor. Eighteen years later he became Thomas Morgan Rotch Professor of Pediatrics, and for another eighteen years he carried his department forward with consummate skill and success. It is not necessary to recount to this Faculty his large ser-

vices to the Harvard Medical School. But in order that our admiration of him may be complete, the record of a continuous and hard-won education, which brought the country practitioner to a position of high effectiveness in university medicine, should be before us.

He was born and spent his boyhood in Cambridge, New York, a pleasantly situated hamlet about forty miles north of Albany. On graduating from the local high school, he entered the Albany Medical School of Union University. During his third year, Richard Pearce came to the school as Professor of Pathology and Bacteriology. Kenneth Blackfan responded immediately to the enthusiasm of this fine student of disease. He begged and won permission to work in his laboratory through the following summer. A warm student-master friendship sprang up. This friendship determined his future course in medicine. But not immediately. On receiving his medical degree at the age of twenty-two, he returned to his home town and for the next four years drove about the countryside on the varied errands of a general practitioner. He always recalled those horse and buggy years with pleasure, and there are older citizens of that region who still delight in relating therapeutic triumphs of "young Doctor Ken." But there were disturbing visits to nearby Dorset, just over the line in Vermont, where Richard Pearce spent his summers. There he found friendly interest and encouragement which gradually produced the determination to find out what might lie over the horizon in medicine.

So, in the year 1909, the young country doctor set out for Philadelphia with letters from Richard Pearce. There he was kindly received by Samuel Hamill and David Edsall and a place was soon found for him as resident-in-charge of a foundling hospital. Kenneth Blackfan thereupon became a pediatrician. Two years later, on the recommendation of David Edsall, John Howland asked him to go with him as his resident to St. Louis where he had accepted the Professorship of Pediatrics in the newly reconstructed Medical School of Washington University. This was a very large stroke of fortune. It removed the adventurer from his lonely post in the foundling hospital and, after two years in St. Louis, placed him in the group of young pediatricians which assembled around Howland in Baltimore when he succeeded Von Pirquet at Johns Hopkins in the year 1912. Here there was a newly built hospital for infants and children, and laboratory equipment far beyond anything which had yet been given a clinical department in this country. Howland's group used their large opportunity with enthusiasm and under his wise guidance the laboratories were from the outset importantly productive. It was the place to be in pediatrics at that time. The most

beloved member of this group was the resident physician. No one, not even the chief, watched work under way in the laboratories with a more eager interest. And he found time to participate. By way of instance, his work with Dandy on internal hydrocephalus has come to deserve that lofty adjective "classical." His demonstration that dehydration is a much more dangerous feature of diarrhoeal disease in infants than is the state of acidosis which Howland and Marriott had just discovered shifted emphasis from alkali therapy to fluid replacement and produced the basis of our present effective treatment of this chief scourge of infants.

When Kenneth Blackfan reached the age of thirty-seven, he was still a resident. He had held this modest post for eleven years. But he had reached his goal. He knew the existing body of knowledge in his chosen field, he knew its frontiers, and he knew where the paths of progress lay. He was a superb diagnostician and a master of detail of hospital care of patients. Behind all this, four years of countryside practice had given him resourcefulness in use of means at hand and an understanding of the social realities of the physician's task. He was in all respects qualified for the diverse duties of departmental headship. His first commission came in the year 1920 when he was appointed Professor of Pediatrics at the University of Cincinnati. There he built up his department and guided a large development of hospital equipment with outstanding success. Then in 1923 the fruits of eighteen years of education toward leadership fell to Harvard.

Why did he follow this long and economically narrow path with such serene contentment? This question would have annoyed Kenneth Blackfan. His philosophy was remarkably uncomplicated. There was nothing which could be called ambition and there was nothing of the "ich dein" complex about him. He had simply discovered a durable delight in his work. The anatomy of this delight did not interest him. He knew an inscrutable phenomenon when he saw one. His modest and conservative use of a fine mind gave his judgments a great validity and brought him into a high position in the councils of this School. Knowing little of the art of verbiage, he was not a skillful lecturer, but in the wards his teaching of students and of his interns was close to perfection. He used the treasures of

his experience, not to dazzle by making the diagnosis at a glance, but to point out sound appraisal of obtainable evidence.

A large cause of Kenneth Blackfan's success in leadership was his gentle friendliness. He always made his associates feel that they were his comrades in the enjoyable adventure against disease. Also he was very brave. Beginning in his latter years at Baltimore, he suffered a series of physical afflictions which he bore with an unbelievable fortitude. He was friendly and gentle and brave. The simplicity and sincerity of these traits gave him his great beauty of personality.

Respectfully submitted,

JAMES L. GAMBLE

J. H. MEANS

RICHARD M. SMITH

WILLIAM C. QUINBY AND IRVING J. WALKER RETIRE

William C. Quinby, Clinical Professor of Genito-Urinary Surgery, and Irving J. Walker, Clinical Professor of Surgery, retired from the Faculty of the Medical School on September 1 with the title of *emeritus*.

Quinby joined the Faculty in 1917 as Director of the Laboratory of Surgical Research and Instructor in Surgery. He became Instructor in Genito-Urinary Surgery in 1919, Assistant Professor in 1921, and Clinical Professor in 1926. He has served as President of the Harvard Medical Alumni Association, President of the Boston Surgical Society, President of the American Association of Genito-Urinary Surgeons, and President of the Clinical Society of Genito-Urinary Surgeons.

Walker has been Clinical Professor of Surgery since 1928. He has served as Surgeon-in-Chief of the Boston City Hospital, Supervising Surgeon of Malden Hospital, and Consulting Surgeon to the Boston State Hospital.

NECROLOGY

1869

WILLIAM WARNER HIBBARD died at Pomona, Calif., June 25, 1941.

1882

ATHERTON PERRY MASON died at Fitchburg, Mass., October 20, 1941.

1888

HENRY FRANCIS SEARS died at Boston, Mass., January 1, 1942.

JOHN FRANCIS URIE died at New London, Conn., January 8, 1942.

1889

GEORGE ARTHUR CRAIGIN died at Boston, Mass., October 24, 1941.

1892

EDMUND CHANNING STOWELL died at Keene, N. H., December 20, 1941.

1893

WALTER FAIRBANKS SAWYER died at Gardner, Mass., December 9, 1941.

1896

FREDERICK DOW LYON died at Cambridge, Mass., November 27, 1941.

1896-97

DANIEL DANA JACKSON died at Mattituck, Long Island, N. Y., September 1, 1941.

1900

FREDERICK TAYLOR LORD died at Boston, Mass., November 4, 1941.

1901

HERBERT CHOLERTON died at Somerville, Mass., September 25, 1941.

1902

WALTER OSCAR BARTLETT died at Boston, Mass., November 5, 1941.

1904

ALLEN HANSON BLAKE died at West Somerville, Mass., December 9, 1941.

1907

MICHAEL ANDREW DAILEY died in an automobile accident at Jessups Crossing, Md., October 27, 1941.

JOHN JOSEPH STACK died at Los Angeles, Calif., November 25, 1941.

1910-12

EDWARD FLAGG SWEENEY died at Charlestown, Mass., November 17, 1941.

1912

NORMAN PAUL HERSAM died at Stoneham, Mass., January 15, 1942.

1919

JAMES JOSEPH DUFFY died at New York City, December 15, 1941.

1925

MORGAN JOHN RHEES died at Islesford, Maine, August 25, 1941.

1928

ARTHUR FRANCIS MANNING died at Waltham, Mass., December 12, 1941.

1940

RICHARD SAWYER BLANCHARD died at Honolulu, T. H., September 27, 1941.

ALUMNI NOTES

1890

William E. Chenery, nose and throat specialist and Trustee of Boston University, announced on Nov. 25 that his surgical equipment, collected during half a century in medicine, would be shipped to China within a few days. Nearly 800 instruments, valued at more than \$2,000, comprise the collection. Included is a scalpel set, purchased during the Civil War and inherited by Chenery from his father. Chenery has made this donation in gratitude for the hospitality tendered to him and to Mrs. Chenery on three visits to China. Chenery was co-founder and former President of the Friends of China, and in recent years has been active in United China Relief.

1901

Charles E. Hawkes, after nearly twenty years' service, has retired as medical officer for the New England Telephone Company.

1905

Nathaniel W. Faxon reports the birth of a grandson on July 8.

Mark H. Wentworth announces the marriage of his daughter, Elizabeth, to Charles D. Kellogg, in Concord, Mass., October 11.

1906

Channing Frothingham was recently elected a member of the physicians' advisory committee to the medical advisor of the Massachusetts Department of Public Welfare.

Henry C. Pillsbury's address: Brig. General, U. S. Army, Lovell General Hospital, Fort Devens, Mass.

